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INCIDENCE OF EMOTIONAL DISTURBANCE AND MENTAL ILLNESS AMONG RURAL CHILDREN AND YOUTH.

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THE INCIDENCE OF EMOTIONAL DISTURBANCE OR MENTAL ILLNESS APPEARS TO BE LOW IN RURAL YOUTH, AND EVEN LOWER IN RURAL CHILDREN. TYPES OF EMOTIONALLY DISTURBED CHILDREN AND YOUTH ARE THE BRAIN DAMAGED, THE OVERANXIOUS, THE WITHDRAWN, THE UNDOMESTICATED, THE REBELLIOUS, AND THE SOCIALIZED DELINQUENT. THE PAPER STATES THAT TO IMPROVE THE MENTAL HEALTH OF THESE GROUPS, IT WILL BE NECESSARY TO REDUCE THE EDUCATIONAL ISOLATION, IMPROVE THE MATERNITY CARE, ESTABLISH MENTAL HEALTH CLINICS, EDUCATE PARENTS ABOUT MENTAL HEALTH, MAKE COMMUNITIES RESPONSIBLE FOR IRRESPONSIBLE FAMILIES, AND INCREASE THE INSTRUCTION OF MANUAL AND VOCATIONAL SKILLS IN SCHOOL PROGRAMS. (JS)

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ABSTRACT

The incidence of mental illness in youth is low and very low in children. The incidence of emotional disturbance is dependent upon the definition of emotional disturbance. Almost all children are emotionally distrubed at times.

"The rural environment" encompasses a tremendous range of different environments. About the only reasonably general characteristic which distinguishes it from "the urban environment" is the absence or relative infrequency of large assemblages of people. Some rural children and youth are culturally and educationally deprived nor are they as likely to be exposed to learning techniques of delinquency as are urban children.

Different groups of children showing emotional disturbance are:

1. Brain damaged children. Mild brain damage is a common misfortune and often contributes to restlessness, overactivity and poor emotional control. It calls for stable management at home and in school.

2. Overanxious children. Parents who lack warmth, are difficult to please and set high standards for their children are especially likely to have overanxious children. Such children are prone to psychoneurotic breakdown.

3. Withdrawn children. Withdrawal from social contacts, particularly if it is without anxiety, is an ominous sign and is a serious indication of the need for help.

4. Undomesticated children. Children who have never developed trust in a parent person are typically hostile and without pangs of conscience. Work with families or placement of children who lack interested parents are needful.

5. Rebellious children. Adolescent rebellion can be reduced by management which is both considerate and firm.

6. Socialized delinquent children. Rebellious children and adolescents easily make common cause against authority and become delinquent. They need a stake in the social order. Manual and vocational elements in the school program are badly needed.

INCIDENCE OF EMOTIONAL DISTURBANCE AND MENTAL ILLNESS AMONG RURAL CHILDREN AND YOUTH

INTRODUCTION

Fortunately the incidence of mental illness among youth, including rural youth is low, and the incidence of mental illness among children, including rural children is even lower.

There seems little advantage in discussing the incidence of emotional disturbance among rural children and youth from a statistical point of view. From my observation I would say that almost all children and youth, rural and nonrural, are emotionally disturbed at some time or other. Fortunately, most of them do not remain that way. Enumeration of the incidence of emotional disturbance in rural youth or children would be quite meaningless without definitions of the degree and duration of the disturbance, and at present we lack satisfactory means for the definition of the degree of such disturbance. Lacking definition of the degree, we can hardly provide definition of the duration. For these reasons an attempt to present a statistical consideration of incidence would not be meaningful. A developmental consideration has accordingly been chosen.

THE RURAL ENVIRONMENT

Rural living presents an enormous range of environments from the substantial surroundings of the prosperous family farm to the shacks of migratory farm workers. In recent years country living has become less traditionally rural, and a larger fraction of urban employees, many of whom are from the upper classes, have moved to country living beyond the edge of the suburbs. Some of the rural-urban contrasts have diminished.

Rural children and youth present no characteristics different from urban children and youth, except as they are influenced differently by their special environments. The only relatively invariable characteristic of the rural child is his relative isolation from large groups of people. Unless he is a part of the family of an itinerant worker, he knows a larger fraction of those with who he comes in contact, for he has repeated contacts with a more limited range of persons. Rural living lacks the anonymousness of urban living. Although there is a tremendous range of rural income, rural income per capita does not on the whole match urban income per capita. As a result of these and other factors, there are many rural children who have extremely limited and even impoverished social contacts which limit their opportunities to learn. This results in an increased incidence of cultural mental retardation in the poorer rural areas. I will not discuss this problem of mental retardation for other writers are assigned this topic. There also results an increased incidence in such rural areas of poorly socialized individuals and of unsophisticated individuals, and this will be considered later.

Specifically, the limited range of contacts available to the rural child has two effects. His opportunity for learning is likely to be more restricted. This applies to those things which it is desirable that he learn. As well as, perhaps more so, to those skills it is desirable that he should not learn. It applies to the skills of taking advantage of the other fellow, of fraud, sharp practice, theft, and other delinquency and crime. The gangster of rural life thrives only

in the western drama of screen, television and paperback. The grifter in rural life can be successful only if he is nomadic.

By the same token, rebellious rural youth has none of the protective coloration of the anonymousness of melting into a crowd available to the urban youth. In the continuity of contacts which is characteristic of his life, the verbal assurance of the rural youth becomes less important, and his performance becomes more important. It is not easy for him to substitute assurances for performances, and the pattern of facile exploitation of strangers with which the rural folk have associated the name of the city slicker does not develop easily in the rural setting, except for him who follows a Gypsy existence.

The controls of community opinion are much more effective in the rural community than in the urban community. By the same token, when a family or an individual meets rejection on the part of a rural community there is none of the escape into the anonymousness of urban living available to the urban family or individual. Neither is there likely to be much opportunity to make common cause with other rebels. The problem of socialized delinquency characteristic of big cities simply does not flourish in rural areas. The choices are more narrow and tend to be between a reasonable degree of conformity with the law and individual rebellion, and individual rebellion usually ends sadly if not disastrously for the individual.

Differences more easily become personal in a rural setting. When deep schisms do develop the wounds may be slower to heal than in urban living. The tradition of the Hatfields and McCoys was indeed a rural tradition.

The individual who has become rejected by the small community has traditionally found it wise to go elsewhere. If he does not, the conflict may well prove both persistent and irreconcilable.

We may now consider some of the causes of mental illness and emotional disturbance among rural children and youth.

THE BRAIN-DAMAGED CHILD

It has long been recognized that serious brain damage, whether acquired prenatally, natally or postnatally, may cause cerebral palsy, convulsive seizures and mental deficiency. It is only in recent years that we have begun to realize that for every such severely handicapped child there are several slightly handicapped children whose handicaps, although real, are usually unrecognized. Certain infections, such as German measles early in pregnancy, toxemias of pregnancy, a difficult labor, serious febrile infections in infancy or early childhood are all likely to leave as their sequel a slightly damaged brain.

Although the brain is a very resiliant and adaptive organ, it is adversely affected in its adaptive capacity by even minor organic damage. A characteristic sign is delay in the acquisition of motor skills without any general retardation of development such as marks the mentally retarded child. Perhaps the commonest mild problem is hyperactivity, distractibility and short attention span -- characteristics which are bound to make the child's schooling difficult. A common result is poor motor coordination which is likely to show itself in crude handwriting and clumsiness in learning skilled acts such as jumping rope or playing ball.

Problems in the visual perception of form may complicate the learning of both reading and writing. Difficulty in the control of emotion, difficulty in learning to "settle down" and to keep one's reactions under control are special problems for the brain-damaged child.

The small one-room school is not particularly successful educationally, but it often is able to relate itself reasonably well to the particular needs and handicaps of individual children. The consolidated school offers educational advantages but it may be too large to individualize much to the handicapped child and too small for special classes.

The incidence of this type of problem can be reduced by good prenatal care and good obstetrical care but some cases will be with us always. The outcome is usually more favorable when the handicap is recognized and when suitable allowance is made for it. The behavioral aspects of overactivity and short attention span often respond well to medicinal treatment. Paradoxically these children characteristically become quieter on cerebral stimulants and their behavior typically becomes worse on sedatives. The overactivity apparently results from reduced control by the cerebral hemispheres and often responds well to cerebral stimulants.

Some of these children are in need of relatively special methods of instruction even though they are not mentally retarded, for they are overly distractible and can give attention only under circumstances of minimal distracting influences.

So much for the brain-damaged, who constitute perhaps the most obvious of the groups of children prone to emotional disturbance. The most numerous group will be considered next.

THE OVERANXIOUS CHILD

By far the commonest problem of emotional disturbance we see in children is the problem of the overanxious child. This is the child who is overtrained, overconcerned, overinhibited or overdutiful. In the process of growing we learn that our selfish desires often conflict with the rights of others, and growing up to be a socialized individual involves finding a balance or a synthesis between our desires and the rights and desires of others. If too much concern and anxiety gets tied in to the question of conformity, then we see the development of the adult-dependent, overcontrolled child.

The extent and severity of such problems is not adequately understood by parents, for the initial result is experienced by the child and may not be appreciated by the parent. The inhibited, anxious child is little problem to the parent unless or until the problem becomes so severe that the child develops illness or gross incapacity.

This is a reaction which is determined by the relation of the child's dependency upon an adult and the child's reaction to that adult. Often it may be said that it is a reaction created by the adult, in which the effort to inculcate virtue has had too profound an effect. Since a young child's very survival depends upon adult care, each child needs the assurance of parental love and approval. Training is accomplished as the adult makes his approval somewhat conditional on the child's behavior. If the child has too little security in the parental love,

receives too little approval or if too much is expected of the child too soon, a deep anxiety may develop. Intense and continued anxiety may be damaging to phsyical health as well as to mental health. It is the imbalance between security and the motivation of insecurity which is noxious.

Many elements may contribute to such an imbalance. Lack of adequate parental warmth and reassurance is one. Too much parental stress on conformity or on achievement is another. Poor health or poor health in the family, and particularly neurotic illness of the mother, is a third. Family conflict may be important.

The anxiety-ridden, fearful, rigid adjustment to life which has been described certainly predisposes toward psychoneurotic breakdown or psychosomatic illness. This is the type of problem which we treat most successfully by our methods of psychotherapy -- methods which are not widely available to urban children and which are usually not available to rural children at all. There is need for the development of more clinical facilities to serve rural areas, and for more community services to back them up. This problem also might be reduced by better parent education. Parents who are themselves overanxious and disturbed are not likely to benefit much from such education in handling their children. There are, however, many problems which arise from simple lack of understanding rather than from lack of capacity to use understanding. There are many parents, not themselves overanxious but whose children are overanxious, who simply do not realize the need for and value of a little judicious praise and reassurance. Even from the narrowest point of view, they do not realize how much more constructive effect their words of criticism would have if they stood out against a background of warmth and approval. This comes under the broad head of helping adults to understand and respond to children's emotional needs as well as to their physical needs.

THE WITHDRAWN CHILD

The behavior pattern of the overanxious child often involves some measure of protective withdrawal, and withdrawal can be a bad sign. We see morbid reactions of withdrawal, often without evidences of anxiety, in adolescents and less commonly in young children. Withdrawal without anxiety is a particularly unfavorable sign. Man is by nature a social animal, and if he has by choice no friendly exchange with others, he is not normal. We do not know how often withdrawal in childhood or youth may be followed by mental illness either then or in early adult life. We know, however, that such withdrawal is an ominous sign, and that adult help for the child or adolescent in establishing more adequate social contacts is helpful. We know that the frequent isolation of rural life may contribute toward withdrawal. We know that children who show such withdrawal are more likely than other children to show the disorganization of a schizophrenic breakdown in adolescence or adult life. While to some degree the withdrawal is simply the indication of a child that is predisposed to such breakdown, yet there is also reason to believe that the withdrawal contributes to the likelihood of psychotic breakdown.

THE UNDOMESTICATED CHILD

A problem contrasting to that of the overanxious, overinhibited child and to which slight brain injury often makes a contribution is the problem of the undomesticated child. These children become problems to their families and neighbors by reason of their hostile, destructive behavior. Hostile feelings spread from a

gloomy and bitter feeling that no one likes them, and while this belief may not be entirely correct, the child's experiences have usually lent some real support to the idea. The family background is characteristically unstable, with marital quarreling, often accentuated by drinking, separation, divorce and remarriage, and with the child either frankly unwanted or shifted from pillar to post. The rural child is a bit more at the mercy of the parents than the urban child, and the availability of other patterns from which he might learn socially acceptable behavior may be more limited.

When the individual grows up without the development of a warm and trusting relation with any adult, we see an egocentric and hostile personality who grows up without a normal capacity for affection, for loyalty or for the development of conscience. Such individuals are prone to crimes of violence, often toward members of their own families. The extreme of this problem is the antisocial reaction.

Adequate mothering of young children is needed for the avoidance of this problem. Many mothers who are not doing an adequate job with a young child are able to do so if some of their financial or family concerns are reduced by financial or casework assistance. If the parents are not capable of a truly parental response, it is desirable to remove the child from the home as soon as possible. The "battered child syndrome" is too familiar and the outlook for the future of the child's personality is even more ominous. If the community is not to pay a heavy penalty for neglect resulting in the development of the antisocial individual, corrective community action needs to be taken early and community responsibility consistently maintained. The relative isolation of rural living, particularly if there is also racial or religious difference or conflict, may contribute in the development of the antisocial reaction. It may be added that any discrimination against a disadvantaged minority will make such problems more frequent and more intense.

THE REBELLIOUS CHILD

There are many children who cannot be called undomesticated, who become rebellious to adult authority. Rebellion against adult authority has troubled parents over the ages, and is certainly acute in the child-centered culture of modern America. Some observers have noted that while adolescence is a very stormy period in America, it seemed relatively smooth in China or at least in pre-Communist China. However, it is worth noting the difference in the significance of adolescence for the individual in the two cultures. In China, adolescence made very little difference in the individual's freedom of action. As an adult he was still subject to parental authority, and it was only the death of his parent that freed him from this control. The Chinese Communist Party has disturbed the relative tranquillity of the Chinese family by breaking this family authority, by training, encouraging, and, in effect, requiring young Party members to denounce their fathers. With this characteristically Communist type of modernization, we may be sure that the relative tranquillity of adolescence of the older China has disappeared, at least for the young members of the Party.

Except in geriarchy or government by the aged such as that of old China, the attainment of adult status involves emancipation from parental control, and such a transition usually occasions problems. There is likely to be intense

ambivalence. Each individual has some spark of a desire to make his own decisions, and each individual has some measure of self-doubt and desire to rely on someone older and wiser. The problem of rebellion against adult control is a major one in our culture because the transfer of power tends to occur so precipitately, at such early ages, and with so little effective preparation.

The rural scene has been one in which, in the past, this problem has been minimal, for the adolescent has had a very useful place and function on the farm. And surely it is not wholly a matter of chance that there developed a tradition in an agricultural economy like that of old China that the elderly were to be held in reverence. After all, it was the elderly who owned the land. In rural American, by contrast, a new country with an abundance of free land on the frontier, the old man's ownership of the land was not reinforced by any institutionalized reverence for the elderly. Its effect is further diminished because the development of more efficient methods of farming has resulted in migration of the younger generation to the cities and the car has brought to rural youth a kind of false emancipation. The extremely high rates of motor vehicle liability insurance for the young driver express this, even in rural areas.

Rebellious feeling is reduced by an understanding attitude and increased by what is taken to be as arbitrary, selfish or unfeeling authoritarianism. Rebellious action depends in part upon the rebel's estimate of how far he can go. Rebelliousness is reduced by management which is kindly and reasonable but firm. It is increased by management which appears both capricious and weak.

THE SOCIALIZED DELINQUENT

When rebellious adolescents make common cause they may evolve the subculture of the socialized delinquent. The rural area sees its share of irresponsible rebellion and hell-raising on the part of young people and there is obvious need to provide reasonable curbs for such activity. The rural area does not see much of the more or less institutionalized problem of delinquent gangs which plague the more deteriorated areas of our great cities. In these urban situations rebellious adolescents make common cause in a profound rebellion against the values of our culture, with tragic results. The rural examples of such group rebellion are likely to consist chiefly of pranks or such activities as the manufacture of moonshine whiskey which, unfortunate as it is, provides a threat to law and order which is only local at worst.

A major need in dealing with rebellious youth is to give them a stake in the social order by helping them acquire vocational skills. Our schooling is too much limited to the academic, and where vocational training is available to rural youth it is too often limited to training in farming, which cannot meet the need of that majority rural youth who must move into industry.

SUMMARY

If we are to reduce the problems of mental illness and emotional disturbance among rural children and youth, several directions of growth are needed.

At the preventive level there is need to reduce the educational isolation of some rural children. It is also desirable to improve the pre-natal, natal, and post-natal care of rural children to reduce the incidence of brain damage.

There is a need for the development in rural areas of clinical services and supporting services to meet the needs of disturbed children. Further development of special education classes is highly important.

A larger measure of parent education would reduce the incidence of over-anxious children and thereby the incidence of psychoneurotic and psychosomatic disorders.

Morbid withdrawal in a child or youth is an indication for a clinic referral.

There is need for some community assumption of responsibility for irresponsible families, either providing enough assistance and guidance to make it possible for immature parents to fulfill their parental functions or removing the children and placing them with foster parents who will do so. Immaturity, as used here, is not primarily a matter of age. If such responsibility is not assumed, there is tragic cost in terms of violence and wasted lives.

Beyond the undomesticated children we are still faced with the problem of the rebellious child and the difficulties in the transition from dependent status to adult status. There is a great need for the development of vocational training to reduce this problem. Such training must include some variety of preparation for industry as well as preparation for agriculture. Most rural youths must leave their rural communities.

CJM
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